Department of Employee Trust Funds
P. O. Box 7931
Madison, WI 53707-7931

INSURANCE COMPLAINT

Administrative Review of Health Insurance Benefit Complaints and Appeals

If you have filed a grievance with your health plan and are dissatisfied with the plan's final decision, you can request an administrative review from the Department of Employee Trust Funds (ETF). To request a review, you must contact ETF within sixty days from the date of the plan's final decision. **You must exhaust all levels of appeal through the plan before requesting an ETF administrative review.**

ETF offers you three levels of administrative review:

1. **File a Complaint with the Quality Assurance Services Bureau (QASB).** An informal review, this level allows the most latitude for resolution of your problem. Examples of disputes reviewed at this level include plan denials of benefits and plan denials of referrals.

   The Quality Assurance staff act as "ombudspersons" for participants in the state and public employers' insurance programs. Acting as a neutral third party, the ombudspersons advocate for participants and attempt to resolve complaints and disputes on their behalf.

2. **File a Request for Departmental Determination.** ETF has the authority to issue these determinations based on the language of the contract or applicable Wisconsin statute or Wisconsin Administrative Code. This is a more formal process than the review by the ombudsperson and may follow that review, or you may request a departmental determination as the first level of administrative review.

3. **Appeal to the Group Insurance Board via Administrative Hearing.** This is the final level of administrative review. You must receive a departmental determination before you can file an appeal. The appeal process involves a pre-hearing to determine the issue(s) in dispute, followed by a formal hearing by a hearing examiner. The hearing examiner then makes a recommendation to the Group Insurance Board, which it may or may not accept. You may choose to retain an attorney for this — or any other — level of appeal.

The following provides additional information on each level of administrative review.

Written Complaint to ETF - Quality Assurance Services Bureau Review

Complaints must be in writing via this *Insurance Complaint* form. Please send all pertinent information, including copies of correspondence between you, the provider, and the plan; bills; and the specific dates of service and/or dollar amounts involved. Upon receipt, QASB staff will acknowledge the written complaint and indicate when the review is expected to begin. If necessary, the ombudspersons will request additional information not included with the complaint.

Once the review is completed, the results will be sent to you in writing. If a satisfactory resolution is not reached, you have the right to request a departmental determination, as described below. Many disputes are resolved at this level. However, you may choose to waive the ombudsperson review and proceed directly to the departmental determination level. This may be advantageous if, for example, your dispute is with the plan's interpretation of a contractual provision, as the ombudsperson has limited ability to resolve such a problem.

Written Request for Departmental Determination

You must submit a written request to ETF for a departmental determination within **sixty days** from the date of the ombudsperson's final letter to you or the completion of the plan's grievance appeal process.

The review at this level is to establish whether the plan acted in accordance with the contract. In the request for departmental determination, you should note the areas of the contract or Uniform Benefits where you believe the plan is in violation. The departmental determination will be communicated to you in writing.

If the departmental determination upholds the plan's final decision, you may appeal to the Group Insurance Board. Appeals to the Group Insurance Board must be filed within **ninety days** of the date of the written determination.

Written Appeal to the Group Insurance Board – Administrative Hearing

This is the final administrative review level available to you through ETF. All appeals are conducted in accordance with ETF Chapter 11, Wisconsin Administrative Code. You must receive a departmental determination in order to appeal to the Group Insurance Board.

Your appeal to the Board must be in writing and identify the specific facts or legal interpretations which you believe are in error. Include your name, address, telephone number and Social Security number in your appeal letter. If your appeal concerns another Wisconsin Retirement System participant, include his or her name and social security number. **The Appeals Coordinator must receive the written appeal within ninety days of the date of ETF's departmental determination. Appeals should be sent to the Appeals Coordinator, at the address shown below.**

A hearing examiner presides over the appeal process. The appeal process consists of several parts, including the pre-hearing conference, the hearing, and an issuance of the proposed decision. The Board then considers all of the evidence and issues a final decision. This process may take up to a year to complete, depending on the backlog of pending cases.

Parties who disagree with the final decision may appeal to the Dane County Circuit Court for certiorari review within thirty days of the notice of final decision.

To learn more about the appeal process, please request an *Administrative Appeals Process* brochure (ET-4943).

To request an administrative review:

Please indicate the level of review requested (i.e., ombudsperson or departmental determination) and send this completed, signed form to:

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INSURANCE COMPLAINT

TO FILE A COMPLAINT: Your first step to resolve a problem is to contact the insurance carrier and try to resolve the problem(s) at that level. If you are dissatisfied, then complete this form and send it to the Department of Employee Trust Funds (ETF) at the address shown above, attention Quality Assurance Services Bureau.

Subscriber Name (First, MI, Last)		**Birthdate**	
Social Security Number		**Daytime Telephone**	( )
Subscriber Address			
E-mail Address			

Please attach a description of your problem in detail. Include copies of important papers and letters that pertain to your complaint, including any relevant correspondence from the plan.

COMPLAINT INFORMATION:

1. Who is the covered individual that this complaint involves?

   ☐ Self ☐ Other (name/age/relationship) _____

2. Indicate the type of insurance complaint:

   ☐ Health
   Name of Health Plan

   ☐ Pharmacy Benefit Manager
   ☐ Income Continuation/Disability
   ☐ Other _____

3. This complaint should FIRST have been reported to the plan. Have you completed their complaint resolution/ grievance process? ☐ Yes ☐ No

4. Have you reported this problem to us or any other government agency, such as Office of Commissioner of Insurance?
   ☐ Yes ☐ No If yes, what agency and what action was taken? (attach documentation, if necessary)

AUTHORIZATION FOR RELEASE OF INFORMATION:

I hereby authorize _____(health plan and/or provider) to release my medical and claims information to the ETF Quality Assurance Services Bureau for the purpose of addressing my insurance complaint.

Dates covered by this Authorization:	**From:** **To:**
Health Information to be Released Under this Authorization:	**Participant's grievance file and any related health information.** **Other:**

By signing this form, I acknowledge that I have read and understand my rights, listed on the reverse side.

Date (MM/DD/CCYY)	Signature:

☐ Self ☐ Parent/Guardian ☐ Personal Representative, Executor or Conservator ☐ Other _____
☐ Power of Attorney for Health Care (activated)

EXPIRATION: This authorization expires one year from the date signed, or upon withdrawal or resolution of complaint.

PURPOSE

I understand this authorization is for the purpose of giving the specified individually identifiable health information to ETF so that ETF may take steps to resolve my insurance complaint.

EFFECT OF REFUSAL TO SIGN AUTHORIZATION

This authorization is voluntary. I understand I may refuse to sign this authorization. However, failure to provide a signed authorization may effectively prohibit ETF from addressing my complaint.

REDISCLOSURE

Federal privacy laws require I be informed that information used or disclosed pursuant to an authorization may be subject to redisclosure by the recipient and no longer be protected by federal privacy regulations. However, ETF is subject to federal and state privacy laws, and may only disclose your health information in very special circumstances. Wisconsin law, Wis. Stat. § 40.07 (2), is more strict than federal privacy law, and provides, "…medical records may be disclosed only when a disability application denial is appealed or under a court order duly obtained upon a showing to the court that the information is relevant to a pending court action." Note: medical records is as defined by Wis. Adm. Code ETF § 10.01(3m).

TREATMENT, PAYMENT, ENROLLMENT, AND ELIGIBILITY FOR BENEFITS

The organization(s) and/or person(s) described above who I am authorizing to use and/or disclose my health information are not permitted to condition treatment, payment, enrollment in a health plan, or eligibility for health benefits on my refusal to sign this authorization.

RIGHT TO REVOKE

I understand I may revoke this authorization at any time by notifying, IN WRITING, BOTH the "Organizations/Persons Providing Information" I have listed above AND the ETF Quality Assurance Services Bureau. I further understand that if I do revoke this authorization, such revocation does not affect any actions taken by ETF or the "Organizations/Persons Providing Information" before the written revocation is received.

RIGHT TO RECEIVE A COPY OF THIS AUTHORIZATION

I understand that I have a right to receive a copy of this completed form, upon request.